	Complete and send	2006		or <u>Fax</u>	P.O. Box Alexandri (571)-273-	oner for Pate 1450 a, Virginia 2 -2885	2313-1450		
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	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Fee(s) Transi papers. Each	mittal. This certil additional paper	ficate cannot be used I	or domestic mailings of the for any other accompanying ent or formal drawing, must	
	THE LAW OFFICE OF RANDALL T. ERICKSON, P.C. 425 WEST WESLEY STREET, SUITE I WHEATON, IL 60187				States Postal	ify that this Fee(ticient nostage for tir	mission g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.	
11/	7/2006 HGUTEMA2 00000036 10644653				Randad T. Erickson (Depositor's name)				
	FC:1501 1400.00 GP FC:1504 300.00 GP				Nove	mber	20,200	(Signature)	
	APPLICATION NO. FILING DATE			FIRST NAMED INVEN	TOR	АТТО	RNEY DOCKET NO.	CONFIRMATION NO.	
	10/644,653	•			Ronald F. LaBruno 2188P0350US 5433				
	TITLE OF INVENTION: MOLDING APPARATUS FOR FORMING FOOD PATTIES HAVING TOP AND BOTTOM SURFACE CONTOURS								
	APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. P	AID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional	NO	\$1400	\$300		\$0	\$1700	11/22/2006	
	EXAMINER		ART UNIT	CLASS-SUBCLASS					
	HEITBRINK, TIMOTHY W		1722	1722 425-572000					
	1. Change of corresponden CFR 1.363). Change of correspon Address form PTO/SB/ "Fee Address" indic PTO/SB/47; Rev 03-02 Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. The faw Office of IRanall T. Erickson, f.							
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) FOrmax, Inc. Mokena, IL								
	Please check the appropriate assignee category or categories (will not be printed on the patent):					1 6	ion or other private gro	oup entity Government	
	4a. The following fee(s) ar Issue Fee Publication Fee (No	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-2970 (enclose an extra copy of this form).							
	5. Change in Entity Statu a. Applicant claims NOTE: The Issue Fee and	☐ b. Applicant is no	longer claim	ing SMALL EN	FITY status. See 37 C	<u> </u>			
	Authorized Signature	Office.			nber 20 33,87				
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